

SERFF Tracking Number:	IATH-125453908	State:	Arkansas
Filing Company:	Harco National Insurance Company	State Tracking Number:	## \$25
Company Tracking Number:	AR-WC-2250-F		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0002 Employers Liability WC
Product Name:	Workers Compensation		
Project Name/Number:	Terrorism Risk Insurance Program Reauthorization/AR-WC-2250-F		

## Filing at a Glance

Company: Harco National Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0002 Employers Liability WC

Filing Type: Form

SERFF Tr Num: IATH-125453908

SERFF Status: Closed

Co Tr Num: AR-WC-2250-F

Co Status: Submitted

Author: Katie Cook

Date Submitted: 01/24/2008

State: Arkansas

State Tr Num: ## \$25

State Status: Fees verified

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Disposition Date: 02/04/2008

Disposition Status: Approved

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

State Filing Description:

## General Information

Project Name: Terrorism Risk Insurance Program Reauthorization

Project Number: AR-WC-2250-F

Reference Organization: NCCI

Reference Title: TERRORISM RISK INSURANCE PROGRAM  
REAUTHORIZAION ACT

Filing Status Changed: 02/04/2008

State Status Changed: 01/25/2008

Corresponding Filing Tracking Number:

Filing Description:

Filing to adopt the NCCI filing Item B-1405 and P-1405 effective 01/01/2008.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: ITEM B-1405 AND P-1405  
Advisory Org. Circular: CIF-2007-09 AND CIF-2007-10

Deemer Date:

## Company and Contact

### Filing Contact Information

Katie Cook, Compliance Analyst II  
2850 West Golf Road

kcook@iat-harco.com  
(847) 321-4852 [Phone]

*SERFF Tracking Number:* IATH-125453908 *State:* Arkansas  
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*Product Name:* Workers Compensation  
*Project Name/Number:* Terrorism Risk Insurance Program Reauthorization/AR-WC-2250-F

Rolling Meadows, IL 60008 (847) 321-4810[FAX]

**Filing Company Information**

Harco National Insurance Company	CoCode: 26433	State of Domicile: Illinois
2850 West Golf Road	Group Code: 225	Company Type:
9th Floor		
Rolling Meadows, IL 60008	Group Name:	State ID Number:
(800) 448-4642 ext. [Phone]	FEIN Number: 13-6108721	

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/04/2008	02/04/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	01/25/2008	01/25/2008	Katie Cook	02/04/2008	02/04/2008
Industry						
Response						

<i>SERFF Tracking Number:</i>	<i>IATH-125453908</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 02/04/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>IATH-125453908</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harco National Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	TRIA Expedited Filing Form	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/25/2008

Submitted Date 01/25/2008

Respond By Date

Dear Katie Cook,

This will acknowledge receipt of the captioned filing.

This filing indicates that a filing fee is not required. There is a filing fee of \$25 which may be submitted by EFT (preferred) or check. I will approve this filing contingent on receiving the filing fee. If you will send me acknowledgement that the check is in the mail, I can make the filing closed.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/04/2008

Submitted Date 02/04/2008

Dear Carol Stiffler,

### Comments:

### Response 1

Comments: Hi Carol,

The filing fee has been mailed today, 2/4/2008. It is check # 94873 in the amount of \$25.00.

Thank you,

Katie Cook

Compliance Analyst

847-321-4852

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E-mail kcook@iat-harco.com

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Katie Cook



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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	02/04/2008
<b>Bypass Reason:</b>	Utilizing expedited TRIA filing form attached below.			
<b>Comments:</b>				

<b>Satisfied -Name:</b>	TRIA Expedited Filing Form	<b>Review Status:</b>	Approved	02/04/2008
<b>Comments:</b>				
<b>Attachment:</b>	ARTRIA Expedited Filing Form (3).pdf			

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

**This page applies to the following state(s) ARKANSAS**

Indicate Type of Filing
X Filing Related to <i>Certified Losses</i>
☐ Filing Related to <i>Non-Certified Losses</i>
☐ Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Harco National Insurance Company	IL	26433	13-6108721

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Katie Cook Compliance Analyst Harco National Insurance Company 2850 W. Golf Road Rolling Meadows, IL 60008	847-321-4852	847-472-7962	kcook@iat-harco.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Workers Compensation
<b>Company Program Title</b> (Marketing title) (if applicable)	Terrorism Extension Act 2007
<b>Filing Type ** see note below</b>	Form and Rule
<b>This application is used with:</b>	
<b>Effective Date Requested</b>	01/01/2008
<b>Filing date</b>	01/24/2008
<b>Company Tracking Number</b>	AR-WC-2250-F
<b>Date filing approved in domiciliary state, if applicable</b>	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<u>Form # or Rate Page</u> <u>Include edition date</u>	<u>Replacement</u> <u>Or withdrawn?</u>	<u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u>	<u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u>
01	Terrorism Risk Insurance Extension Act Endorsement	WC 00 01 13 A	[x ] Replacement [ ] Withdrawn [ ] Neither	WC 00 01 13	
02	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium	WC 00 04 21 B	[X ] Replacement [ ] Withdrawn [ ] Neither	WC 00 04 21 A	

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

\_\_\_\_\_  
Signature

Katie Cook  
Print Name:

Compliance Analyst  
Title:

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

**This page applies to the following state(s)** \_\_\_\_\_

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
ABC Insurance Company	NY	0000-99999	99-1234567

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
John Doe (Form Filing) Regulatory Compliance ABC Insurance Co. 12345 Fifth Ave New York, NY 10234	501-555-5555	501-555-5551	John.doe@abcins.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Commercial General Liability
<b>Company Program Title</b> (Marketing title) (if applicable)	General Liability Program
<b>Filing Type ** see note below</b>	Form (Endorsement)
<b>This application is used with:</b>	(Insert policy form number to which the application attaches)
<b>Effective Date Requested</b>	01-01-07 (Enter your desired effective date)
<b>Filing date</b>	(Date Company sends filing)
<b>Company Tracking Number</b>	ABC-EP-2001-01 (Enter your filing tracking number, if applicable)
<b>Date filing approved in domiciliary state, if applicable</b>	Not approved yet. Filed on same date as this filing.

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<b>Form # or Rate Page</b> <b>Include edition date</b>	<b>Replacement</b> <b>Or withdrawn?</b>	<b>If replacement,</b> <b>give form # or rate</b> <b>page(s) it replaces</b>	<b>Previous State</b> <b>Filing Number,</b> <b>if required</b> <b>by state</b>
01	Certified Loss Coverage Form	CG XX XX 12 02	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	List form number of previous terrorism exclusion	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

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- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Title: